

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4	①	1					54						
5	①	①					55						
6	①	1					56						
7	1	①					57						
8	①	1					58						
9	1	①					59						
10	①	1					60						
11	1	①					61						
12	①	1					62						
13							63						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	11	←	←	←	←	←	TOTAL DEP.	←	←	←	←	←	
TOTAL CLAIMS	12	████████	████████	████████	████████	████████	TOTAL CLAIMS	████████	████████	████████	████████	████████	

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